

No. 2
1-10-39
Y 1212

FEB 14 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 155

1. PLACE OF DEATH:

(a) County Edmund Park
(b) City or town Edmund Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1 Weeks Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Edmund Park
(If outside city or town limits, write "RURAL")
(d) Street No. Weeks Ave
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1941 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan. 13
1941, to Jan. 18 1941;
that I last saw him alive on Jan. 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Duration _____

Due to Influenza

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations: _____
Of autopsy: no
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no accident
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of injury) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) D
Address 1395 Parkland Ave Date signed 1/23/41

3. (a) PRINT FULL NAME Henry Hill

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-63-0950

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Jennie Hill 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 2, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 17 hr. min.

9. Birthplace Herridge Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

MOTHER FATHER
11. Industry or business _____
12. Name Albert Hill
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie Hill
(b) Address Weeks Avenue

17. (a) Burial (b) Date thereof Jan 26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri

18. (a) Signature of funeral director [Signature]
(b) Address 2915 Franklin Ave

19. (a) JAN 23 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

26
0
1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.